

**VIRGINIA: IN THE CITY OF RICHMOND GENERAL DISTRICT  
COURT  
CIVIL DIVISION**

**Second Floor John Marshall Courts Building  
400 N. 9<sup>th</sup> Street – Suite 203  
Richmond, VA 23219-1546**

Conchita M. Turpin	)	
	Plaintiff, )	
	)	
v.	)	Case No. GV08042145-00
	)	
The Wellpoint Companies Inc.	)	
	Defendant.)	

**BILL OF PARTICULARS**

COMES NOW the Plaintiff, Conchita M. Turpin - Pro Se, and  
moves the Court for judgment against the Defendant for the following  
reasons:

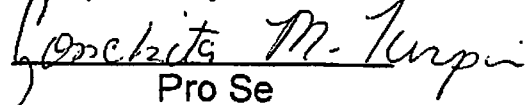
1. On May 8, 2007, I was wrongfully discharged from my  
employment with the Wellpoint Companies, Inc., said  
reason was "No Call, No Show".
2. On May 8, 2007, I filed a complaint with EEOC against  
the Wellpoint Companies for damages totaling over  
\$25,000.

3. On or about August 28, 2007, plaintiff received a Notice of Suit Rights from the EEOC.
4. On November 13, 2007, plaintiff filed a motion in the John Marshall City of Richmond General District Court for wrongful termination, case no. 07-65817.
5. On or about December 7, 2007, defendant responded.
6. On February 21, 2008, the Wellpoint Companies, Inc. offered the plaintiff a settlement in the amount of \$7500.00
7. On or about March 12, 2008, the Wellpoint Companies breached the contractual agreement made between us (plaintiff and defendant) by sending the plaintiff a payroll check (check no. 168672), in the amount of \$4636.54, which was \$2863.46 less than the amount that the plaintiff agreed upon, instead of a settlement check in the amount of \$7500.00.
8. On or about March 12, 2008, defendant sent plaintiff a payroll check with deductions charging plaintiff for medical insurance and for disability insurance after plaintiff had already been terminated over ten months.

9. Defendant has given false information, in stating that the plaintiff had been re-instated as a Wellpoint Companies employee. Plaintiff was never re-instated.
10. Plaintiff is eligible for severance pay for 13.25 weeks in the amount of \$5995.04, and make a claim for it in this action.
11. Defendant has caused plaintiff to suffer emotional distress and financial hardship.

**WHEREFORE**, the Plaintiff moves this Court for judgment against the Defendant in the amount of \$10,000.00 plus 6% interest from the 8<sup>th</sup> day of May 2007, until paid and other consequential damages. The Plaintiff also moves this Court for judgment against the Defendant for fraud, in the amount of \$5000.00 with 6% interest from the 8<sup>th</sup> day of May 2007, until paid, plus attorney fees and punitive damages. Plaintiff request trial by jury.

Respectfully Submitted

  
Pro Se

Conchita M. Turpin  
41A Craighill Rd.  
Richmond, VA 23238  
804-477-5488

**BILL OF PARTICULARS**

Commonwealth of Virginia Rule 7B:2

Case No. ....

*10/28/08 - 11Am*

TRIAL DATE AND TIME

**Sandra C. Blount, Clerk**

..... **Richmond General District Court** ..... General District Court

**Civil Division** CITY OR COUNTY

..... **John Marshall Courts Building** .....

**400 North 9th Street - Suite 203** STREET ADDRESS OF COURT

**Richmond, Virginia 23219-1546**

..... V. ....

PLAINTIFF

DEFENDANT

**TO THE PLAINTIFF:**

You are required to file, and serve by mailing, a written bill of particulars by ..... DATE

You are further required to fully state, in the numbered paragraphs below, each of the reasons/grounds why you think the defendant owes you the money or property claimed. You may attach additional paper if needed.

1.

\_\_\_\_\_

2.

\_\_\_\_\_

3.

\_\_\_\_\_

4

\_\_\_\_\_

5.

[ ] See continuation sheet.

**NOTICES:** Failure to comply with this order may be grounds for awarding summary judgment in favor of the adverse party. This is not evidence. Both parties still must be prepared, at trial, to prove their case with admissible evidence. Upon trial, the judge may exclude evidence as to matters not described in this pleading.

**CERTIFICATE OF MAILING BY PLAINTIFF**

I certify I mailed a completed copy of this Bill of Particulars to the clerk of this court and to each attorney for the defendant, or to the defendant if not represented, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

*BP due 9/3/08*  
*GD due 9/24/08*

\_\_\_\_\_  
SIGNATURE OF PLAINTIFF

[View a Different Payment](#)

OFFICIAL COPY




The WellPoint Companies, Inc.

120 Monument Circle  
Indianapolis, IN 46204

Pursuant to the E-Government Act of 2002, the original of this page has been filed under seal in the Clerk's Office.

Pay Group:	Non-Exempt	Advice #:	6010892
Pay Begin Date:	02/19/2007	Advice Date:	03/09/2007
Pay End Date:	03/04/2007	Net Pay:	\$536.0

CONCHITA M TURPIN	Company:	055	TAX DATA:	Federal	State : VA
910 C PALACE WAY	CostCenter:	DMS VA	Marital Status:	Single	Married
RICHMOND, VA 23238	Location:	ATH-Davis Center N.,Rich VA	Allowances:	1	0
SSN: 	Job Title:	DM Clerk II	Addl Percent:		
Associate ID: 055974	Pay Rate:	\$11.19 Hourly	Addl Amount:		
	Speci Tax Stat:	None		None	

Hours and Earnings					
Description	Curr Hours	Rate	Curr Earnings	YTD Hours	YTD Earnings
Reg Time	80.00	11.199453	895.96	352.50	3,947.81
Med Credit			141.81		709.05
Den Credit			10.18		50.90
Lif Credit			4.57		22.85
LTD Credit			3.67		18.35
Vis Credit			1.74		8.70
Gift Cert					32.48
PTO EARN H				27.00	302.39
HOL HRLY				24.00	268.79
NON SCH H				0.50	5.60
<b>Total:</b>	<b>80.00</b>		<b>1,057.93</b>	<b>404.00</b>	<b>5,366.92</b>

Taxes		
Description	Current Amount	YTD Amount
Fed Withholding	72.94	414.47
Fed MED/EE	12.85	65.38
Fed OASDI/EE	54.96	279.57
VA Withholding	30.31	169.38
<b>Total:</b>	<b>171.06</b>	<b>928.81</b>

1. The defendant is a person who is  
2. a member of the same family as the  
3. person who is the subject of the  
4. investigation.

1

The WellPoint Companies, Inc.

120 Monument Circle  
Indianapolis IN 46204

Pay Group: Non-Exempt

Check #: 168672

Pay Begin Date: 03/03/2008

Pay End Date: 03/16/2008

Check Date: 03/12/2008

CONCHITA M TURPIN  
910 C PALACE WAY  
RICHMOND VA 23238Company: 055  
CostCenter-RS: DMS VA  
Location:  
Job Title: DM Clerk II  
Pay Rate: \$11.311448 Hourly

TAX DATA:	Federal	State
Marital Status:	Single	Married
Allowances:	1	0
Addl. Pct:		
Addl. Amt:		

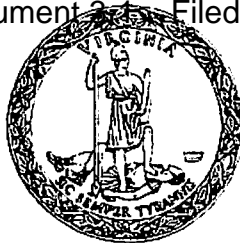
SSN: Associate ID: 055974

**HOURS AND EARNINGS****TAXES**

Description	Hours	Current Earnings	Hours	YTD Earnings	Description	Current	YTD
Settlement		7,500.00		7,500.00	Fed Withholding	1,875.00	1,875.00
					Fed MED/EE	108.75	108.75
					Fed OASD/VEE	465.00	465.00
					VA Withholding	414.71	414.71
<b>Total:</b>					<b>Total:</b>	2,863.46	2,863.46

BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			EMPLOYER PAID BENEFITS		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
<b>Total:</b>			<b>Total:</b>			<b>Total:</b>		
0.00 0.00								
<b>TOTAL GROSS</b>			<b>FED TAXABLE GROSS</b>			<b>TOTAL TAXES</b>		
Current:	7,500.00		7,500.00			2,863.46	0.00	4,636.54
YTD:	7,500.00		7,500.00			2,863.46	0.00	4,636.54
<b>LEAVE ACCRUAL</b>			<b>STATE/LOCAL TAXABLE</b>			<b>NET PAY DISTRIBUTION</b>		
			VA	7,500.00	7,500.00	Check 168672		4636.54
						00000000000000		
						<b>Total:</b>		4636.54

Case 3:10-cv-00850-HEH Document 2-1 Filed 12/02/10 Page 8 of 19  
VIRGINIA EMPLOYMENT COMMISSION  
NOTICE OF DEPUTY'S DETERMINATION



RR 3 Box 181-C  
Grundy

VA 24614

Pursuant to the E-Government Act,  
the original of this page has been filed  
under seal in the Clerk's Office.

(866) 832-2363 LON: 111  
(276) 935-7712/FAX

CLAIMANT NAME AND ADDRESS  
CONCHITA M TURPIN  
41A CRAIGHILL RD  
RICHMOND

VA 23238

PROGRAM: 01 BYE: 05/03/08  
LTRN: 01  
LAST 30 DAY/240 HOUR EMPLOYER  
THE ANTHEM COMPANIES INC  
TALX UCM SERVICES, INC  
P O BOX 283  
ST LOUIS MD 63166 0283

*Harrell No 438-2010-01164*

YOU ARE HEREBY NOTIFIED THAT BASED ON FACTS OBTAINED IN CONNECTION WITH YOUR CLAIM FOR UNEMPLOYMENT COMPENSATION FILED ON 05/06/07 THE UNDERSIGNED DEPUTY PURSUANT TO SECTION 60.2-618(2) OF THE VIRGINIA UNEMPLOYMENT COMPENSATION ACT (AS SHOWN ON BACK) RENDERS THE FOLLOWING DETERMINATION:

CLAIMANT QUALIFIED EFFECTIVE 05/06/07

ON MAY 8, 2007 YOU WERE DISCHARGED FROM YOUR POSITION WITH THE ABOVE EMPLOYER DUE TO UNACCEPTABLE ATTENDANCE.

THE VIRGINIA UNEMPLOYMENT COMPENSATION ACT PROVIDES A DISQUALIFICATION IF IT IS FOUND A CLAIMANT WAS DISCHARGED FOR MISCONDUCT IN CONNECTION WITH WORK. IT HAS BEEN CONSISTENTLY HELD THAT WILLFUL UNEXCUSED AND CHRONIC ABSENTEEISM OR HABITUAL TARDINESS IN REPORTING FOR WORK WITHOUT ADEQUATE JUSTIFICATION CONSTITUTES MISCONDUCT CONNECTED WITH WORK.

YOU STATED YOU CALLED OUT ON MAY 4, 2007 BECAUSE YOUR VEHICLE WOULD NOT RUN. YOU THEN HAD TO HAVE YOUR VEHICLE TOWED TO THE AUTO SERVICE SHOP TO BE REPAIRED. ON MAY 7, 2007 YOU CALLED AND STATED YOU WOULD BE LATE FOR WORK BECAUSE YOU NEEDED TO PICK UP YOUR VEHICLE. YOU FURTHER STATED YOU WERE NEVER WARNED REGARDING ATTENDANCE ISSUES.

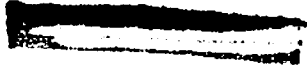
BASED ON THE INFORMATION PROVIDED IT IS THE DETERMINATION OF THE DEPUTY THAT YOUR EMPLOYER HAS NOT PROVIDED EVIDENCE SUFFICIENT TO SHOW MISCONDUCT TO THE EXTENT OF DENYING BENEFITS BECAUSE YOU DID CALL OUT AND THERE HAD BEEN NO PRIOR WARNINGS FOR ATTENDANCE ISSUES. YOU ARE, THEREFORE, QUALIFIED FOR BENEFITS.



V. WEISS DEPUTY, VIRGINIA EMPLOYMENT COMMISSION

IF YOU DISAGREE WITH THIS DECISION, YOU HAVE THE RIGHT TO FILE AN APPEAL. YOUR APPEAL RIGHTS ARE EXPLAINED ON THE REVERSE OF THIS FORM. PLEASE READ THEM CAREFULLY.





05/16/2007 15:56

804-6463769

WEST END

PAGE 02

11

Conchita M. Turpin  
910C Palace Way  
Richmond, VA 23238  
804-477-5488

CHANCE, NO

May 16, 2007

432 2010-01164

Commonwealth of Virginia  
3501 Lafayette Blvd  
Fredericksburg, VA 22401

To Whom It May Concern:

I am writing to appeal recent termination as a Data Entry Operator with Wellpoint/Anthem. The reason given by the department manager, Paul Thomas, was "No Call, No Show." However, as a seven-year veteran associate, I followed department/company procedures in the event of a personal emergency and in fact called in. I have documents to counter his claim and support my action.

Enclosed please find a copy of the cellular phone record listing the company phone number dialed and length of call and the auto repair work order. My home address is not on the bus line and I only own one vehicle. It was imperative that I take the day off to get my car repaired.

I look forward to speaking with you about this matter.

Sincerely,

*Conchita M. Turpin*  
Conchita M. Turpin

RECEIVED  
NOV 10 2010

LOCATION: 804 6463769

RX TIME 05/16 '07 15:45



Conchita Turpin <conchita.turpin@gmail.com>

## Thank you for submitting resume

2 messages

Vurv@acs.com <Vurv@acs.com>  
To: conchita.turpin@gmail.com

Wed, Aug 25, 2010 at 11:16 AM

Dear Conchita,

Thank you for submitting your resume. It has been added to our database and should a suitable position become available we will contact you!

Conchita Turpin <conchita.turpin@gmail.com>  
Draft To: Vurv@acs.com

Thu, Sep 2, 2010 at 3:45 PM

[Quoted text hidden]



November 10, 2010

Job Search with The Wellpoint Companies has an Agency by The Name ACS, INC for The Data Management Service (Data Entry) department. I was sent to Human Resources to apply for the Job through Wellpoint by manager, however I was told that I was ineligible for rehire due to "No call, No show".

Since my wrongful termination back in May 8, 2007 I hope to be compensated for my rights. (See charged file)

P.S.

Copies of papers signed from Wellpoint Companies prior to me receiving Settlement Check VS Payroll Check

Witness: Internal Revenue corrected me, that the check that I received (Check No. 168672) in the amount of \$4636.54, I would need to present W2's to file my taxes. (H&R Block tax papers were put on Hold. Have proof of concern by IRS.

Witness: Legal Aid Society, Attorney Patrick Lavell

NOV 10 2010

Witness: Virginia Employment Commission  
documentation - Hearing 2007, Rules In Conchita Turpin  
Favor.

Labor Attorney (Bob Shield) Interview me  
He Recognized that I did Try to get my Job back.

I will provide these documentations if needed.

This has been a real Experience for me. Now  
presently, I am unemployed, Homeless and The  
Only Income I have at this time Is the EBT  
card of \$200.00 Only.

I have no money to pay an attorney, and  
Legal Aid claims my daughter makes too much  
money even though she has a child.

Please assist me accordingly, I need to Represent  
myself.

Conchita M. Turpin  
Cell # 397-1232

(Witness: Coworker Return  
back to work. Same  
situation - She had attorney  
I have Not been compensated  
No Job and No Settlement  
K. Turpin 11/11

Page 3 November 10, 2010

Witness: Co-worker Tim Drummond

804 354

# 303-3425



SSN: [REDACTED] NAME: CONCHITA M TURPIN  
NO. OF OVERPAYMENTS: 3 OVERPAYMENT # 3 NO. OF REPAYMENTS: 18  
BENEFIT PROGRAM CODE: 01 LIABILE STATE: 51  
BENEFIT YEAR BEGINS : 05/06/07 BYE : 05/03/08 LOCAL OFFICE: 111  
FIRST OVERPAID BWE : 06/16/07 LAST BWE : 07/07/07 NO. OF WEEKS: 4  
DISCOVERY DATE : 10/05/07 WKS AUDIT : 0 CA REFER DATE: 00/00/00  
ESTABLISHED DATE : 10/05/07 DEPUTY : 00000000 CAR CODE: 00  
OVERPAYMENT CLASS : F SOURCE : Y CAUSE: 10  
LEGAL STATUS : INACTIVE FLAG : INACTIVE DATE: 00/00/00  
MONTHLY DUE DATE : 00 MONTHLY AMOUNT : .00 DECISION DATE: 10/11/07  
DISPOSITION : A DISPO DATE : 10/05/07 LEGAL STATUS EFF: 00/00/00  
ALTERNATE SSN : OVERPAID AMOUNT: 669.00 DEP BEGIN: 10/08/07  
AGREEMENT TYPE : 0 OFFSET AMOUNT : 299.00 INVST RPT DATE: 00/00/00  
VENUE FIPS : 000 RECOUP AMOUNT : .00 ACTIVITY CODE:  
TAX SETOFF INDICATOR: BALANCE AMOUNT : 370.00 ACTIVITY DATE: 00/00/00  
OFFSET : 1 AVAILABLE TAX AMT: .00  
IRORA - 1 >>> FIPS : 00 STATUS CODE : DATE SENT: 00/00/00 BAL : .00  
IRORA - 2 >>> FIPS : 00 STATUS CODE : DATE SENT: 00/00/00 BAL : .00  
IRORA - 3 >>> FIPS : 00 STATUS CODE : DATE SENT: 00/00/00 BAL : .00  
FOR MORE OVERPAYMENT DATA DEPRESS PF2/PF8 TRANSACTION OPTION:

*Appeal Date*

*Last Date  
to appeal*

*11-07*

*Bob Shubert*

*674-2351*



*4-1-10 - Walk In  
4-21-10 - Phone Hearing*

**CHARGE OF DISCRIMINATION**

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To:

Agency(ies) Charge No(s):

☐

FEPA

☒

EEOC

438-2010-01152

**Virginia Council on Human Rights**

and EEOC

State or local Agency, if any

Name (indicate Mr., Ms., Mrs.)

**Ms. Conchita M. Turpin**

Home Phone (Incl. Area Code)

**(804) 285-0089**

Date of Birth

Street Address

City, State and ZIP Code

**41 Craighill Road, Apt. A, Richmond, VA 23238**

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)

Name

**GCA SERVICES GROUP, INC.**

No. Employees, Members

**500 or More**

Phone No. (Include Area Code)

**(804) 340-3444**

Street Address

City, State and ZIP Code

**Altria/Phillip Morris Bldg., W. Broad Street, Richmond, VA 23220**

Name

No. Employees, Members

Phone No. (Include Area Code)

Street Address

City, State and ZIP Code

DISCRIMINATION BASED ON (Check appropriate box(es).)

☐

RACE

☐

COLOR

☐

SEX

☐

RELIGION

☐

NATIONAL ORIGIN

☐

RETALIATION

☐

AGE

☒

DISABILITY

☐

GENETIC INFORMATION

☐

OTHER (Specify)

DATE(S) DISCRIMINATION TOOK PLACE

Earliest

Latest

**08-13-2010**☐

CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

I began employment with GCA Services as a janitorial employee at the above-referenced location in January 2009. On May 20, 2010, I went on medical leave of absence ("FMLA") due to physical injury. On August 13, 2010, my employment was terminated after my employer refused to permit me to return to my regular work location. Instead, I was offered a different location, which would have caused me to lose benefits related to my disability.

A letter dated August 13, 2010, from Philip Gilbert, Human Resources Director, states:

"On May 20, 2010, you went out on FMLA for personal health reasons. As recent as August 6, 2010, GCA Corporate Benefits Department requested that you provide GCA with an update of your status. On August 10, 2010, GCA confirmed that you had been released by your treating Physician on July 13, 2010 to work with no restrictions. Your failure to return . . . is considered job resignation [and] abandonment. . . ."

I believe I was discriminated against as described above in violation of the Americans with Disabilities Act of 1990, as amended.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

NOTARY - When necessary for State and Local Agency Requirements

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

**Sep 08, 2010**

Date

*Conchita M. Turpin*

Charging Party Signature

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE  
(month, day, year)

[REDACTED]



EEOC Form 5 (11/09)

**CHARGE OF DISCRIMINATION**

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To: **Virginia Council On Human Rights** Agency(ies): **Charge No(s):**☐ FEPA☒ EEOC

the original of this page has been filed under seal in the Clerk's Office.

438-2010-01164

**Virginia Council On Human Rights**

and EEOC

State or local Agency, if any

Name (indicate Mr., Ms., Mrs.)

**Ms. Conchita M. Turpin**

Home Phone (Incl. Area Code)

**(804) 285-0089**

Date of Birth

Street Address

City, State and ZIP Code

**41 Craighill Road Apt A, Richmond, VA 23238**

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)

Name

**THE WELLPOINT COMPANIES INC.**

No. Employees, Members

**500 or More**

Phone No. (Include Area Code)

**(804) 354-7135**

Street Address

City, State and ZIP Code

**Anthem Blue Cross And Blue Shield, 2221 Edward Holland Drive, Richmond, VA 23230**

Name

No. Employees, Members

Phone No. (Include Area Code)

Street Address

City, State and ZIP Code

DISCRIMINATION BASED ON (Check appropriate box(es).)

☐ RACE☐ COLOR☐ SEX☐ RELIGION☐ NATIONAL ORIGIN☒ RETALIATION☐ AGE☐ DISABILITY☐ GENETIC INFORMATION☐ OTHER (Specify)DATE(S) DISCRIMINATION TOOK PLACE  
Earliest Latest**09-10-2010**☒ CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

I was hired in March 2000, and recently employed as a Data Entry Operator. On or about May 8, 2007, I was discharged. I filed an EEOC charge against the company alleging discriminatory practices. In March 2008, I entered into a settlement agreement with the Company. On or about August 2010, I applied online for a control data entry clerk position. On or about September 10, 2010, Debbie Barnett, Human Resources Manager advised me that I would not be rehired and/or reinstated.

Debbie Barnett told me that I was ineligible for rehire due to a "No Call, No Show" discharge.

I believe that I was not rehired and/or being considered for reinstatement in retaliation for filing an EEOC charge, and my involvement in protected activity, in violation of Title VII of the Civil Rights Act of 1964, as amended.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

NOTARY - When necessary for State and Local Agency Requirements

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE  
(month, day, year)

**Sep 13, 2010**

Date

Charging Party Signature

<b>CHARGE OF DISCRIMINATION</b> <small>This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.</small>		Charge Presented To: <small>the original of this charge (ies) to be filed in the Clerk's Office</small> <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC		Charge No(s): <b>438-2007-01296</b>
<b>Virginia Council On Human Rights</b> and EEOC <small>State or local Agency, if any</small>				
Name (indicate Mr., Ms., Mrs.) <b>Ms. Conchita M. Turpin</b>		Home Phone (Incl. Area Code) <b>(804) 285-0089</b>	Date of Birth <div style="background-color: black; width: 100px; height: 20px;"></div>	
Street Address City, State and ZIP Code <b>41 Craighill Road Apt A, Richmond, VA 23238</b>				
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)				
Name <b>ANTHEM HEALTH PLANS OF VIRGINIA, IN</b>		No. Employees, Members <b>500+</b>	Phone No. (Include Area Code) <b>(804)354-7090</b>	
Street Address City, State and ZIP Code <b>2235 Staples Mill Road, Richmond, VA 23230</b>				
Name		No. Employees, Members	Phone No. (Include Area Code)	
Street Address City, State and ZIP Code				
DISCRIMINATION BASED ON (Check appropriate box(es).) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <input type="checkbox"/> RACE                             <input type="checkbox"/> COLOR                             <input type="checkbox"/> SEX                             <input type="checkbox"/> RELIGION                             <input type="checkbox"/> NATIONAL ORIGIN                         </div> <div> <input type="checkbox"/> RETALIATION                             <input checked="" type="checkbox"/> AGE                             <input type="checkbox"/> DISABILITY                             <input type="checkbox"/> OTHER (Specify below.)                         </div> </div>			DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest <div style="text-align: right; font-weight: bold;">05-08-2007</div> <input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): <p>I was hired on or about March 12, 2000, as a data entry operator. On or about 2005, Paul Thomas was assigned as my supervisor. During my tenure, I performed well and always met my production. Mr. Thomas often kept a closer scrutiny on the production of me and older employees. Mr. Thomas accused me of using two hours of idle time. I advised Jackie McCullen, Manager, to review my production as well as Wanda McClellan, Manager, and the reports reflected my idle time to be extremely low and my production high. On or about May 1, 2007, there was a meeting and Mr. Thomas announced there was a freeze on paid time off (PTO). On or about May 4, 2007, I called Mr. Thomas and left a message that I was experiencing car trouble and I would be in the following work day. On or about May 7, 2007, I called in that I would be late because I was picking up my vehicle from the shop. On May 8, 2007, I was discharged without warning, or prior write ups.</p> <p>Mr. Thomas stated I was discharged for no call, no show and gave no reason I was not warned instead of discharged.</p> <p>I believe that I was harassed and discharged because of my age, 48, in violation of the Age Discrimination in Employment Act of 1967, as amended.</p>				
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY - When necessary for State and Local Agency Requirements		
I declare under penalty of perjury that the above is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT		
Date <b>7-30-07</b>		SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)		
Charging Party Signature 				

## U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

## DISMISSAL AND NOTICE OF RIGHTS

To: Conchita M. Turpin  
41 Craighill Road Apt.# A  
Richmond, VA 23238

From: Richmond Local Office  
830 East Main Street  
Suite 600  
Richmond, VA 23219

☐ On behalf of person(s) aggrieved whose identity is  
CONFIDENTIAL (29 CFR § 1601.7(a))

EEOC Charge No.

EEOC Representative

Telephone No.

438-2007-01296

Tonya A. Lennox,  
Investigator

(435) 231-4354

## THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:

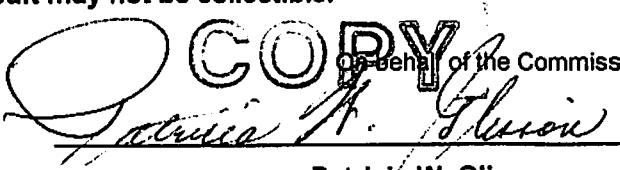
- ☐ The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.
- ☐ Your allegations did not involve a disability as defined by the Americans with Disabilities Act.
- ☐ The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.
- ☐ Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge.
- ☐ Having been given 30 days in which to respond, you failed to provide information, failed to appear or be available for interviews/conferences, or otherwise failed to cooperate to the extent that it was not possible to resolve your charge.
- ☐ While reasonable efforts were made to locate you, we were not able to do so.
- ☐ You were given 30 days to accept a reasonable settlement offer that affords full relief for the harm you alleged.
- ☒ The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.
- ☐ The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.
- ☐ Other (briefly state)

## - NOTICE OF SUIT RIGHTS -

(See the additional information attached to this form.)

**Title VII, the Americans with Disabilities Act, and/or the Age Discrimination in Employment Act:** This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit must be filed **WITHIN 90 DAYS** of your receipt of this Notice; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a state claim may be different.)

**Equal Pay Act (EPA):** EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

 **COPY**  
On behalf of the Commission  
Enclosure(s) Patricia W. Glisson,  
Director

AUG 28 2007

(Date Mailed)

cc: Lorraine Claiborne  
Human Resources Consultant, Sr.  
ANTHEM WELLPOINT  
2215 Staples Mills Road  
Richmond, VA 23230